

INTERVENCIONISMO EN STROKE ISQUÉMICO IV

**Manejo de las Complicaciones Quirúrgicas del
Tratamiento Endovascular del Stroke**

Direct aspiration first pass
technique (ADAPT technique)
for AIS

Hematomas
intracerebrales
sintomáticos 7.8%

Embolización a
nuevos territorios
5.6%.

Interv Neuroradiol. 2016 Jun 14.
Manual thromboaspiration technique as a first approach for
endovascular stroke treatment: A single-center experience.
Romano DG1, Cioni S2, Leonini S2, Gennari P2, Vallone
IM2, Zandonella A2, Puliti A3, Tassi R4, Casasco A5,
Martini G4, Bracco S2.

Using a novel
intermediate catheter:
Initial experiences with
the SOFIA

Hematomas
intracerebrales
sintomáticos 10%

Embolización a
nuevos territorios
3%.

Interv Neuroradiol. 2016 Jun;
First-line lesional aspiration in acute stroke thrombectomy
using a novel intermediate catheter: Initial experiences with
the SOFIA.
Kabbasch C1, Möhlenbruch M2, Stampfl S2, Mpotsaris A3,
Behme D4, Liebig T5.

A systematic review and meta-analysis with trial sequential analysis

Endovascular therapy including thrombectomy for acute ischemic stroke:

No hay diferencia estadísticamente significativa en todas las causas de morbimortalidad entre el grupo trombectomia mecanica vs trombolisis EV

J Clin Neurosci. 2016 Jul;29:38-45.

Endovascular therapy including thrombectomy for acute ischemic stroke: A systematic review and meta-analysis with trial sequential analysis.

Phan K1, Zhao DF2, Phan S3, Huo YR4, Mobbs RJ5, Rao PJ5, Mortimer AM6.

Mecanismo de las complicaciones

Disecciones

Perforaciones

Isquemias

Hematomas

J Neurointerv Surg. 2016 Jun 24.

Ultra-distal access of the M1 segment with the 5 Fr Navien distal access catheter in acute (anterior circulation) stroke: is it safe and efficient?

Janssen H1, Killer-Oberpfalzer M2, Patzig M1, Buchholz G3, Lutz J1.

Intracerebral hemorrhage secondary to intravenous and endovascular intraarterial revascularization therapies in acute ischemic stroke: an update on risk factors, predictors, and management

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Fisiopatología multifactorial

Efectos directos de los antitrombóticos
Ruptura de al BHE secundario a isquemia
Lesión directa de vasos con el micro catéter
Transformación hemorrágica

El equipo de neurocirugía debe estar preparado para resolver posibles complicaciones independientemente del método de re perfusión

Multicéntrico c/ 152 pacientes (68a).

90.8% circulación anterior
(16.4% tandem extracranial/intracranial)

9.2% Basilar

J Neurointerv Surg. 2016 Mar 16.

Thromboaspiration technique as first approach for endovascular treatment of acute ischemic stroke: initial experience at nine Italian stroke centers
, Vinci SL2, Pero G3, Comelli C4, Comai A5, Peschillo S6, Mardighian D7, Castellan L8, Resta F9, Piano MG3, Comelli S4, Barletta L8, Puliti A1,

Decompressive hemicraniectomy: predictors of functional outcome in patients with ischemic stroke

Badih Daou, MD,¹ Anthony P. Kent, BA,² Maria Montano, MPH,² Nohra Chalouhi, MD,¹ Robert M. Starke, MD,³ Stavropoula Tjoumakaris, MD,¹ Robert H. Rosenwasser, MD,¹ and Pascal Jabbour, MD¹

Restrospectivo de 1624 pacientes
Stroke isquemico de ACM o CI o Ambas

Score de Rakin (media) 4
mortalidad 18%

Decompressive hemicraniectomy: predictors of functional outcome in patients with ischemic stroke

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Indicadores de mala evolución post CD

- Stroke previo OR 6.54 [95% CI 1.39–30.66]; $p = 0.017$
- Desviación de línea media OR 3.35 [95% CI 1.33–8.47]; $p = 0.011$
- IAM OR 8.95 [95% CI 1.10–72.76]; $p = 0.04$
- Tiempo (Stroke - CD) (OR 1.32 [95% CI 1.02–1.72]; $p = 0.037$)
- Anisocoria pre CD OR 4.19 [95% CI 1.06–16.51]; $p = 0.04$
- Hemisferio Dominante OR 4.73 [95% CI 1.36–16.44]; $p = 0.014$

Intracerebral hemorrhage secondary to intravenous and endovascular intraarterial revascularization therapies in acute ischemic stroke: an update on risk factors, predictors, and management

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L. NELSON HOPKINS, M.D.,³⁻⁶ ADNAN H. SIDDIQUI, M.D., PH.D.,³⁻⁶ AND ELAD I. LEVY, M.D.³⁻⁶

Predictores de HIC



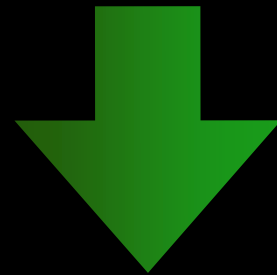
CT con Perfusión

(Ayudaría a definir pacientes con buena rta a tto endovascular y aquellos con riesgo de HIC)

Nuestros resultados preliminares

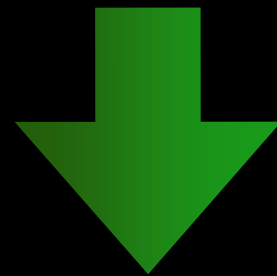
32,46%

Algún tipo de sangrado intracraneal.



8,77%

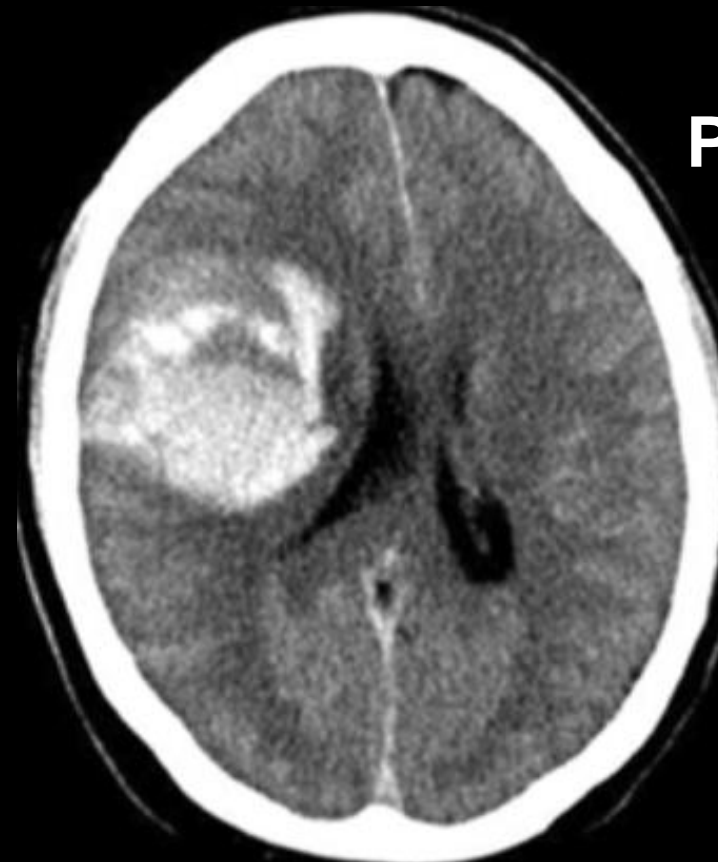
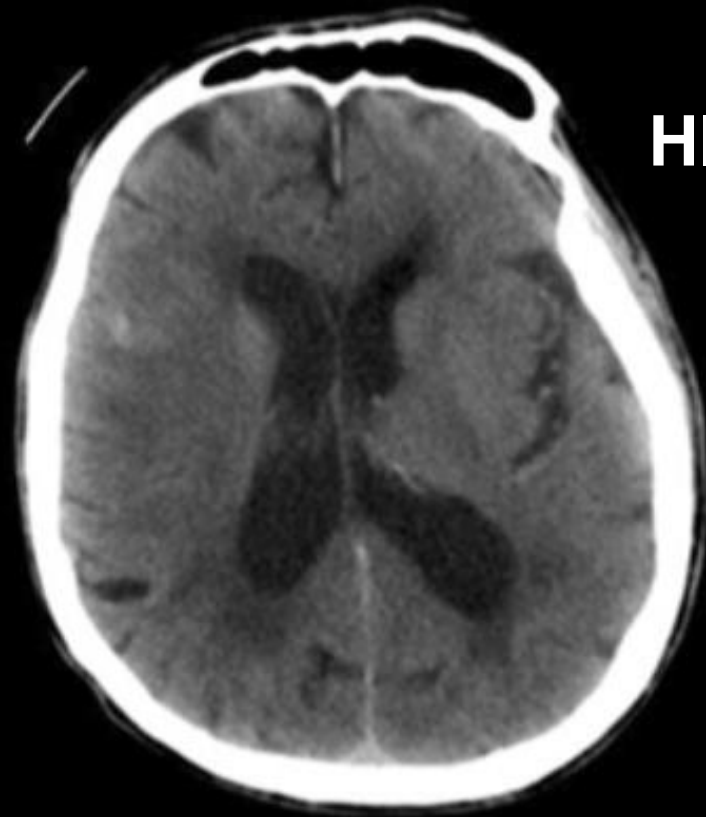
Sintomática



4,46%

Maligna

ECASS



32,46%

8,77%



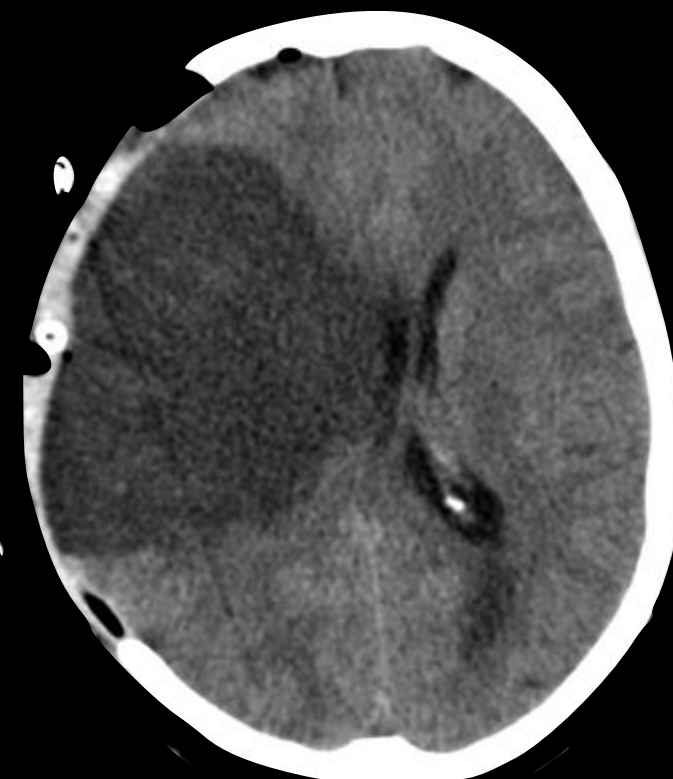
22/06/16



22/06/16

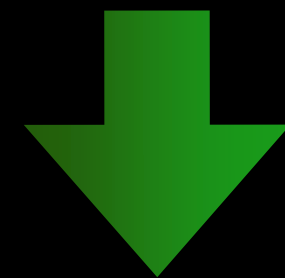


25/06/16



26/06/16

2,23%



Craniectomía Descompresiva



Tiempo de ingreso prolongado fuera de ventana

Patología carotídea cervical

Cardioembolia.

ORIGINAL RESEARCH

Predictors and clinical relevance of hemorrhagic transformation after endovascular therapy for anterior circulation large vessel occlusion strokes: a multicenter retrospective analysis of 1122 patients

Raul G Nogueira,¹ Rishi Gupta,¹ Tudor G Jovin,² Elad I Levy,³ David S Liebeskind,⁴ Osama O Zaidat,⁵ Ansaar Rai,⁶ Joshua A Hirsch,⁷ Daniel P Hsu,⁸ Marilyn M Rymer,⁹ Ashis H Tayal,¹⁰ Ridwan Lin,² Sabareesh K Natarajan,³ Ashish Nanda,³ Melissa Tian,¹⁰ Qing Hao,⁴ Junaid S Kalia,⁵ Michael Chen,¹¹ Alex Abou-Chebl,¹² Thanh N Nguyen,¹³ Albert J Yoo⁷

Nuevos datos sugieren que los pacientes con fibrilación auricular son particularmente propensos a HIC grave y cuestionan la naturaleza "benigna" de HI sugerida por estudios anteriores .

En la totalidad de nuestros HIC operados se realizo CD

No hay una guía preestablecida para el manejo del HIC secundario a tto endovascular del stroke isquémico.

Las guías para HIC no aplicarían en estos casos y esto es motivo de estudio actualmente en nuestro servicio.